State Pharmaceutical Assistance Program (SPAP) Data Sharing Agreement (DSA)

USER GUIDE

Version Effective Date:
August 14, 2006

INTRODUCTION

This SPAP USER GUIDE is the body of information and instructions State Pharmaceutical Assistance Programs will find useful as they implement and then manage the SPAP information sharing process with CMS. In particular, an SPAP Data Sharing Agreement and the information in this document will allow users to coordinate Medicare Part D drug benefits with CMS under the terms of the MMA.

PERIODICALLY, THE INFORMATION PROVIDED IN THIS USER GUIDE WILL CHANGE. As current requirements are refined and new processes developed, SPAP partners will be provided with new and up-to-date sections of this Guide. Please contact the CMS should you have any questions regarding this User Guide.

If you would like more general information about the current SPAP process, please E-mail aaron.wesolowski@cms.hhs.gov, john.albert@cms.hhs.gov, william.decker@cms.hhs.gov or tracy.richardson@cms.hhs.gov. Remember to provide us with the E-mail address, phone number and other contact information for individuals you would like to have added to our distribution list.

RECENT CHANGES: Updates to the User Guide

- **Added the Contact Protocol on pages 30-31;**
- **Added information about the implementation of the One for One Response on page 27; and**
- **Changed Co-Pay Level ID (Field 55) to LIS Co-Pay Level ID and Co-Pay Level ID** *future use* **(Field 56) to Deemed Co-Pay Level ID. Also provided information about this change in the Updates to the SPAP Process section on page 22.**

SECTION A: COMPLETING AND SIGNING AN SPAP DSA

To make the SPAP DSA relationship operational, the potential SPAP DSA partner and CMS have to sign and exchange completed copies of the SPAP DSA. These are the instructions for completing an SPAP DSA for signature.

1. In the first paragraph of the SPAP DSA, insert all of your specific identifying information where indicated. The latest date that both the partner and CMS complete the signature process will be entered here, and will be the "Effective Date." If you wish, the date you enter may be prospective or retroactive. For example, some SPAP DSA partners prefer to enter the first day of the month in which they expect the SPAP DSA to be signed. But bear in mind that if you enter a prospective date, CMS cannot begin full implementation of the SPAP DSA until we reach it.

2. Enter the date that is requested on Page 3 of the SPAP DSA, in Section C, 1. This is the starting date for health plan enrollment information that is entered on the first regular production Initial Input File you provide to CMS.

3. On Page 8, in Section M, enter the partner's Administrative and Technical contact information.

4. Page 10, Section N: Upon receipt of a SPAP DSA signed by the partner, CMS will provide the required Technical contact information. This does not need to be completed to execute the Agreement.

5. In the footer starting on Page 1, and throughout the rest of the document, insert the partner's business name.

6. In the footer of the Implementation Questionnaire, Attachment C, insert the partner's business name.

The SPAP DSA signature package consists of two documents: The SPAP DSA itself, and the SPAP DSA Implementation Questionnaire. The SPAP DSA partner will return two signed copies of the SPAP DSA and one completed copy of the Implementation Questionnaire to CMS. One copy of the SPAP DSA will be signed by CMS and returned to the partner. If it wishes, the partner can ask that CMS sign the SPAP DSA first. CMS will then provide two signed copies of the SPAP DSA to the partner, and the partner will sign one copy and return it to CMS. But in either case CMS will not consider the SPAP DSA to be in force until the partner has also provided CMS with a completed copy of the Implementation Questionnaire.

To avoid unnecessary processing delays, we strongly recommend that you use an overnight delivery service and send your SPAP Data Sharing Agreement (s) and Implementation Questionnaire to:

John Albert
Centers for Medicare and Medicaid Services
Office of Financial Management
Financial Services Group

Division of Medicare Secondary Payer Policy and Operations
Mail Stop: C3-14-16
7500 Security Boulevard
Baltimore, Maryland 21244-1850

SECTION B: THE SPAP DATA FILES – Standard Reporting Information

Standard Data Files: The data exchanged through the SPAP process is arranged in two different file formats (also referred to as record layouts). An SPAP partner electronically transmits a data file to CMS. CMS processes the data in this *input file*, and at a prescribed time electronically transmits a *response file* to the partner. The *input file* is the method through which the SPAP data sharing partner will submit its covered SPAP enrollee population. In return, the COB Contractor will send back a response file to the partner which will contain Medicare Part D enrollment information for all SPAP enrollees who also have Medicare Part D.

Current versions of the Standard Data Files immediately follow. Once again we remind you that periodically the information provided here will change. All updates to the material in this User Guide will be listed on Page 1. To confirm that you are using the most recent version of the Guide, you should check the Version Effective Date and the footer on each page of the document.

I. The Input and Response File Data Layouts

A – *The SPAP Input File*. This is the dataset transmitted from an SPAP partner to CMS on a monthly basis. It is used to report information regarding the SPAP enrollees – people who are eligible for and enrolled in an SPAP and receive coverage through such a plan. Full file replacement is the method used to update eligibility files. Each month's transmitted file will fully replace the previous month's file. The business rules for use of the SPAP Input File immediately follow the data file layout itself. Please note that the SPAP Data Sharing Agreement makes reference to the SPAP Input File as Attachment A. The layout in this version of the User Guide represents the most current version of this Attachment.

SPAP Input File Layout for Part D – 249 bytes

State Pharmaceutical Assistance Program Input File Layout for Part D – 249 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
1.	SSN	9	1-9	Numeric	Social Security Number – Required Populate with spaces if unavailable.

			State Pharmaceutical Assistance Program Input File Layout for Part D – 249 bytes		
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number Required if SSN not provided. Populate with spaces if unavailable.
3.	Surname	6	22-27	Text	Surname of Covered Individual - Required
4.	First Initial	1	28-28	Text	First Initial of Covered Individual - Required
5.	DOB	8	29-36	Date	Date of Birth of Covered Individual - Required CCYYMMDD
6.	Sex Code	1	37-37	Numeric	Sex of Covered Individual - Required 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Date	Effective Date of SPAP Coverage - Required CCYYMMDD
8.	Termination Date	8	46-53	Date	Termination Date of SPAP Coverage - Required CCYYMMDD *Use all zeros if open-ended
9.	N-PLAN ID	10	54-63	Filler	Future use for National Health Plan Identifier. Fill with spaces only
10.	Rx ID/Policy Number	20	64-83	Text	Covered Individual Pharmacy Benefit ID for SPAP Rx ID Required if Coverage Type = U Policy Number Required if Coverage Type = V
11.	Rx Group	15	84-98	Text	SPAP Pharmacy Benefit Group Number
12.	Part D PCN	10	99-108	Text	SPAP (Part D specific) Pharmacy Benefit Processor Control Number
13.	Part D RxBIN	6	109-114	Text	SPAP (Part D specific) Pharmacy Benefit International Identification Number – Required when Coverage Type (Field 16) = U
14.	Toll-Free Number	18	115-132	Text plus "(" and ")"	Pharmacy Benefit Toll-Free Number

State Pharmaceutical Assistance Program Input File Layout for Part D – 249 bytes					
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
15.	Document Control Number	15	133-147	Text	Document Control Number Assigned by SPAP- Required
16.	Coverage Type	1	148-148	Alpha-Numeric	Coverage Type Indicator - Required U: Network (electronic, point-of-sale benefit) V: Non-Network (other type of benefit)
17.	Insurance Type	1	149-149	Alpha-Numeric	Insurance Type - Required N: Non-qualified State Program O: Other P: PAP Q: SPAP (qualified i.e. send LIS data) R: Charity S: ADAP
18.	Filler	100	150-249	Alpha-Numeric	Unused Field Fill with spaces only
HEADER RECORD – All fields required					
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: 'H0'
2.	SPAP-ID	5	3-7	Alpha-Numeric	SPAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Filler	229	21-249	Alpha-Numeric	Unused Field Fill with Spaces.
TRAILER RECORD – All fields required					
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: 'T0'
2.	SPAP-ID	5	3-7	Alpha-Numeric	SPAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Record Count	9	21-29	Numeric	Number of records on file
6.	Filler	220	30-249	Alpha-Numeric	Unused Field Fill with Spaces.

B - *The SPAP Response File*. This is the data set transmitted from CMS to the SPAP partner after the information supplied in the partner's SPAP Input File has been processed by the COB contractor. It consists of the same data elements in the Input File, with corrections applied by CMS, disposition and edits codes which let you know what we did with the record. The response will also contain new information for the partner regarding the submitted SPAP enrollees including Medicare entitlement information and Low Income Subsidy (LIS) information, where applicable, if a match occurred. Please note that the SPAP Data Sharing Agreement makes reference to the Input File as Attachment B. The layout in this version of the User Guide represents the most current version of this Attachment.

SPAP Response File Layout for Part D – 417 bytes

	State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes				
Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Alpha-Numeric	Social Security Number
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number
3.	Surname	6	22-27	Alpha-Numeric	Surname of Covered Individual
4.	First Initial	1	28-28	Alpha-Numeric	First Initial of Covered Individual
5.	DOB	8	29-36	Alpha-Numeric	Date of Birth of Covered Individual CCYYMMDD
6.	Sex Code	1	37-37	Alpha-Numeric	Sex of Covered Individual 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Alpha-Numeric	Effective Date of SPAP Coverage CCYYMMDD
8.	Termination Date	8	46-53	Alpha-Numeric	Termination Date of SPAP Coverage CCYYMMDD *Use all zeros if open-ended
9.	N-PLAN ID	10	54-63	Alpha-Numeric	Future use for National Health Plan Identifier
10.	Rx ID	20	64-83	Alpha-Numeric	Covered Individual Pharmacy Benefit ID for SPAP
11.	Rx Group	15	84-98	Alpha-Numeric	SPAP Pharmacy Benefit Group Number
12.	Part D PCN	10	99-108	Alpha-Numeric	SPAP (Part D specific) Pharmacy Benefit Processor Control Number

	State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes				
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
13.	Part D RxBIN	6	109-114	Alpha-Numeric	SPAP (Part D specific) Pharmacy Benefit International Identification Number
14.	Toll-Free Number	18	115-132	Alpha-Numeric	Pharmacy Benefit Toll-Free Number
15.	Original Document Control Number	15	133-147	Alpha-Numeric	Document Control Number Assigned by SPAP
16.	COBC Document Control Number	15	148-162	Alpha-Numeric	Document Control Number Assigned by COBC
17.	Coverage Type	1	163-163	Alpha-Numeric`	Coverage Type Indicator U: Network (Electronic, Point-of-Sale Benefit) V: Non-Network (Other type of Benefit)
18.	Insurance Type	1	164-164	Alpha-Numeric	N: Non-qualified State Program O: Other P: PAP Q: SPAP (qualified i.e. send LIS data) R: Charity S: ADAP
19.	Rx Current Disposition Code	2	165-166	Alpha-Numeric	Rx Result from BENEMSTR/ MBD (Action taken by COBC).
20.	Current Disposition Date	8	167-174	Alpha-Numeric	Date of Rx Result from BENEMSTR/MBD (CCYYMMDD)
21.	Edit Code 1	4	175-178	Alpha-Numeric	Error Code
22.	Edit Code 2	4	179-182	Alpha-Numeric	Error Code
23.	Edit Code 3	4	183-186	Alpha-Numeric	Error Code
24.	Edit Code 4	4	187-190	Alpha-Numeric	Error Code
25.	Part D Eligibility Start Date	8	191-198	Alpha-Numeric	Earliest Date that Beneficiary is eligible to enroll in Part D (This date only refers to eligibility for Part D not enrollment in a Part D Plan) -Refer to Field 46 for Part D Plan Enrollment Date CCYYMMDD

Field	Name	Size	Displacement	Data Type	Description
					State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes
26.	Part D Eligibility Stop Date	8	199-206	Alpha-Numeric	Date Beneficiary is no longer eligible to receive Part D Benefits- Refer to Field 47 for Part D Plan Termination Date CCYYMMDD
27.	Medicare Beneficiary Date of Death	8	207-214	Alpha-Numeric	Medicare Beneficiary Date of Death CCYYMMDD
28.	Part D Subsidy Effective Date	8	215-222	Alpha-Numeric	Effective Date of Low Income Subsidy CCYYMMDD
29.	Part D Subsidy Termination Date	8	223-230	Alpha-Numeric	Termination Date of Low Income Subsidy CCYYMMDD
30.	Part D Premium Subsidy Percent	3	231-233	Alpha-Numeric	Identifies the portion of the Part D Premium subsidized by CMS based on a sliding scale linked to the %FPL. Percentage of Part D Premium Values: 100= 100%of subsidy level (If individual is under 135%FPL); 75=75% of subsidy level (If individual is 136-145% FPL) ; 50=50% of subsidy level (If individual is 141-145%FPl); and 25=25% of subsidy level (If individual is 146-149%FPL)
31.	Part D Subsidy Disapproval Date	8	234-241	Alpha-Numeric	Date of Low Income Subsidy Disapproval (This field is only applicable to people who applied for the low-income subsidy). CCYYMMDD
32.	Basis of Part D Subsidy Denial 1	1	242-242	Alpha-Numeric	Beneficiary is not Part A entitled and/or Part B enrolled (This field is only applicable to people who applied for the low-income subsidy). Y=Yes N=No
33.	Basis of Part D Subsidy Denial 2	1	243-243	Alpha-Numeric	Beneficiary does not reside in USA (This field is only applicable to people who applied for the low-income subsidy). Y=Yes N=No

	State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes				
Field	Name	Size	Displacement	Data Type	Description
34.	Basis of Part D Subsidy Denial 3	1	244-244	Alpha-Numeric	Beneficiary has failed to cooperate (This field is only applicable to people who applied for the low-income subsidy). Y=Yes N=No
35.	Basis of Part D Subsidy Denial 4	1	245-245	Alpha-Numeric	Beneficiary resources too high (This field is only applicable to people who applied for the low-income subsidy). Y=Yes N=No
36.	Basis of Part D Subsidy Denial 5	1	246-246	Alpha-Numeric	Beneficiary income too high (This field is only applicable to people who applied for the low-income subsidy). Y=Yes N=No
37.	Result of an Appeal	1	247-247	Alpha-Numeric	Result of the appeal filed by the beneficiary (This field is only applicable to people who applied for the low-income subsidy). 1=Basis of Appeal 2=Denial 9=N/A Blank=Not based on appeal
38.	Change to Previous Determination	1	248-248	Alpha-Numeric	Change made to a previous subsidy determination: FUTURE (This field is only applicable to people who applied for the low-income subsidy). 1=Yes 2=No 9=N/A
39.	Determination Canceled	1	249-249	Alpha-Numeric	(This field is only applicable to people who applied for the low-income subsidy). 1=Yes 2=No 9=N/A
40.	Part D Subsidy Approved	1	250-250	Alpha-Numeric	Subsidy approved (This field is only applicable to people who applied for the low-income subsidy). 1=Yes 2=No 9=N/A

		State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes			
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
41.	Basis for Part D Subsidy Determination	1	251-251	Alpha-Numeric	Determines if LIS determination was based on income of an individual or couple. (This field is only applicable to people who applied for the low-income subsidy). 1=Individual 2=Couple 9=N/A
42.	LIS Determination Source Code	2	252-253	Alpha-Numeric	Code indicating the source of the LIS determination. Allowable sources include State and SSA. (This field is only applicable to people who applied for the low-income subsidy). 'SS'= determination was made through SSA State Code = determination was made through the State (VT, MD etc.)
43.	Part D Premium Amount	9	254-262	Alpha-Numeric	Premium Amount owed by the beneficiary for Part D Plan
44.	Part D Premium Effective Date	8	263-270	Alpha-Numeric	CCYYMMDD
45.	Current Medicare Part D Plan Contractor Number	5	271-275	Alpha-Numeric	Contractor Number of the Current Part D Plan in which the Beneficiary is Enrolled
46.	Current Medicare Part D Plan Enrollment Date	8	276-283	Alpha-Numeric	Effective Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD
47.	Current Part D Plan Termination Date	8	284-291	Alpha-Numeric	Termination Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD

State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
48.	Current DEEMED Start Date	8	292-299	Alpha-Numeric	(This field is only applicable to people who are deemed eligible for the low-income subsidy. In the event that there are data in the LIS fields above, the deemed data always prevails.) Effective date of the deeming period. Always the first day of the month the deeming was made. The date will always reflect "01" in data portion of date: CCYYMMDD Deemed status will continue at least until the end of the calendar year in which the basis (Medicaid, MSP,SSI eligibility) for deemed status ends. Deemed status will continue throughout the next calendar year if eligibility for Medicaid, MSP, or SSI ends in a month after August of the current year.
49.	Current DEEMED End Date	8	300-307	Alpha-Numeric	(This field is only applicable to people who are deemed eligible for the low-income subsidy). Termination date of the deeming period. Always the last day of the year the deeming was made. The month will always reflect "12" and the day always "31".: CCYYMMDD

State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
50.	Current DEEMED Reason Code	2		Alpha-Numeric	Code indicating the reason the beneficiary was deemed eligible for LIS. Values:
					01=Eligible is entitled to Medicare – QMB only;
					2A=Eligible is entitled to Medicare – QMB and Medicaid coverage including RX and FPL>100%
					2B= Eligible is entitled to Medicare - QMB and Medicaid coverage including RX and FPL= or <100%
					03= Eligible is entitled to Medicare- ,SLMB only
					4A= Eligible is entitled to Medicare-SLMB and Medicaid coverage including RX FPL>100%
					4B=Eligible is entitled to Medicare-SLMB and Medicaid coverage including RX FPL= or <100%
					06=Eligible is entitled to Medicare-Qualifying Individuals
					8A=Eligible is entitled to Medicare-Other full dual eligibiles FPL>100%
					8B=Eligible is entitled to Medicare-Other full dual eligibiles FPL= or <100%
					10=SSI
					11=MBD 3rd Party (partial dual)
					12=EEVS (Eligibility Enrollment Verification System) Deemed status received through EEVS data in March 2005 without further updates from the deeming state. Individual with this status code would be deemed for CY 2006 as a full dual.
			308-309		

	State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes				
Field	**Name**	**Size**	**Displacement**	**Data Type**	**Description**
51.	Dual Status Code	2	310-311	Alpha-Numeric	Dual Status Code: 01 = Eligible is entitled to Medicare-QMB only 02 = Eligible is entitled to Medicare-QMB AND Medicaid coverage including RX (Medicaid drug coverage criterion only applies through December 2005) 03 = Eligible is entitled to Medicare-SLMB only 04 = Eligible is entitled to Medicare-SLMB AND Medicaid coverage including RX (Medicaid drug coverage criterion only applies through December 2005) 05 = Eligible is entitled to Medicare-QDWI06 = Eligible is entitled to Medicare- Qualifying individuals 08 = Eligible is entitled to Medicare-Other Dual Eligibles (Non QMB, SLMB,QWDI or QI) with Medicaid coverage including RX (Medicaid drug coverage criterion only applies through December 2005) 09 = Eligible is entitled to Medicare - Other Dual Eligibles but without Medicaid coverage 99=Unknown
52.	PBP	3	312-314	Alpha-Numeric	Part D Plan Benefit Package (PBP)
53.	FPL %	3	315-317	Alpha-Numeric	For those individuals who applied and qualified for the low income subsidy, describes income as a specific percent of the Federal Poverty Level (FPL). Not populated for Deemed Individuals.
54.	Transaction Type	1	318	Alpha-Numeric	Type of Maintenance: '0' = Add Record '1' = Delete record '2' = Update record
55.	LIS Co-pay Level ID	1	319	Alpha-Numeric	Co-payment Level Identifier: 1 = High (Co-Pays of $2/$5) 2 = Low (Co-pays of $1/$3) 3 = Zero (Institutionalized full dual) 4 = 15% 5 = Unknown

Field	Name	Size	Displacement	Data Type	Description
					State Pharmaceutical Assistance Program Response File Layout for Part D – 417 bytes
56.	Deemed Co-pay Level ID	1	320	Alpha-Numeric	Co-payment Level Identifier: 1 = High (Co-Pays of $2/$5) 2 = Low (Co-pays of $1/$3) 3 = Zero (Institutionalized full dual) 4 = 15% 5 = Unknown
57.	Co-pay Effective Date	8	321-328	Alpha-Numeric	Co-pay start date CCYYMMDD
58.	Co-pay End Date	8	329-336	Alpha-Numeric	Co-pay end date CCYYMMDD
59.	Filler	81	337-417	Alpha-Numeric	Unused Field.

HEADER RECORD

Field	Name	Size	Displacement	Data Type	Description
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: 'H0'
2.	SPAP ID	5	3-7	Alpha-Numeric	SPAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD
5.	Filler	397	21-417	Alpha-Numeric	Unused Field

TRAILER RECORD

Field	Name	Size	Displacement	Data Type	Description
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: 'T0'
2.	SPAP ID	5	3-7	Alpha-Numeric	SPAP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD
5.	Record Count	9	21-29	Alpha-Numeric	Number of records on file
6.	Filler	388	30-417	Alpha-Numeric	Unused Field

<center>**II. The SPAP Process**</center>

The information following describes the data review process used by the Coordination of Benefits Contractor.

Data Type Key

Conventions for Describing Data Values. The table below defines the data types used by COB for their external interfaces (inbound and outbound). The formatting standard defined for each data type corresponds to the data type identified for each field within the interface layout. This key is provided to assist in the rules behind the formatting of data values contained within the SPAP Data Exchange Layout fields.

Data Type Key		
Data Type / Field	**Formatting Standard**	**Examples**
Numeric	• Zero through 9 (0 → 9) • Padded with leading zeroes • Populate empty fields with spaces	• Numeric (5): "12345" • Numeric (5): "00045" • Numeric (5): " "
Alpha	• A through Z • Left justified • Non-populated bytes padded with spaces	• Alpha (12): "TEST EXAMPLE" • Alpha (12): "EXAMPLE "
Alpha-Numeric	• A through Z (all alpha) + 0 through 9 (all numeric) • Left justified • Non-populated bytes padded with spaces	• Alphanum (8): "AB55823D" • Alphanum (8): "MM221 "
Text	• Left justified • Non-populated bytes padded with spaces • A through Z (all alpha) + 0 through 9 (all numeric) + special characters: • Comma (,) • Ampersand (&) • Space ( ) • Dash (-) • Period (.) • Single quote (') • Colon (:) • Semicolon (;) • Number (#) • Forward slash (/) • At sign (@)	• Text (8): "AB55823D" • Text (8): "XX299Y " • Text (18): "ADDRESS@DOMAIN.COM" • Text (12): " 800-555-1234" • Text (12): "#34 "
Date	• Format is field specific • Fill with all zeroes if empty (no spaces are permitted)	CCYYMMDD (e.g. "19991022") Open ended date: "00000000"
Filler	• Populate with spaces	
Internal Use	• Populate with spaces	
Above standards should be used unless otherwise noted in layouts		

Requirements

1. The System shall be able to receive an external file from an SPAP/PBM via a dedicated T-1 line (AGNS) or Secure File Transfer Protocol (FTP).

2. The System shall be able to confirm the external SPAP/PBM file format.

3. The System shall pass SPAP input files thru to the PBM data manipulation process.

4. The System shall retrieve and merge response records from the COB Database for each SPAP that has been processed through the PBM/VDSA/Drug Engine data process.

5. The System shall merge beneficiary Low Income Subsidy data on the response file for qualified SPAP enrollees.

6. The System shall be able to create a return file to the SPAP/PBM in proper format, containing one response record for each SPAP record added, updated or deleted.

7. The System shall display error descriptions in CHAPS for severe errors identified on SPAP files.

8. The System shall maintain the ability to return response files to the SPAP/PBM as processed.

9. The System shall be able to process a full-file replacement of SPAP records on a regular basis.

10. The System shall return a response record for every record submitted from an SPAP on their monthly file in the proper SPAP/PBM file format.

11. The System shall return Part D enrollment information on the response for all SPAP records matched at MBD.

12. The System shall return available Part D entitlement information on the response for all SPAP records that have not yet received a response from MBD with a disposition code of '50'.

13. The System shall return LIS information on the response for all qualified SPAP records matched at MBD.

Description

The purpose of the SPAP process is to coordinate the prescription drug benefits between Medicare Part D plans and the State Pharmaceutical Assistance Programs, which serve as

supplemental payers. This collection of all prescription drug related benefits will facilitate the tracking of TrOOP (True Out-of-Pocket) expenses incurred by each Medicare beneficiary.

In order to coordinate benefits information, data must be collected from each SPAP on each of its enrollees. New submission file formats have been created for SPAP to deliver the pertinent information. This information will be transmitted to the COB contractor where it will be edit-checked, and matched against the Medicare data in the Eligibility database. Once a match is found, the COB contractor will be able to combine the beneficiaries SPAP information with their Medicare Part D specific information to create a complete record of the beneficiaries' state and federal drug benefits.

The combined drug benefits information will be loaded into the Master Beneficiary Database. Data will be sent from the MBD to the TrOOP Facilitation contractor and Part D plans. An additional file format will be created to send back to the SPAP. This file will contain one status record for each record initially submitted by the SPAP to the COB contractor. This response record will indicate if whether or not the SPAP enrollee is a Part D beneficiary; what the SPAP enrollee's Low Income Subsidy status is; whether or not the COB contractor applied the record to the Medicare Beneficiary Database; if the record was not applied to the Medicare Beneficiary Database, why, (i.e. the record contained errors or the record did not provide enough information about the enrollee); what Part D plan the beneficiary is in enrolled in; whether or not the beneficiary is receiving the Low Income Subsidy; and other Part D enrollment and Low Income Subsidy dates and levels.

Error Codes

The edit checks of the SPAP input file will generate the following error codes as necessary. This is a comprehensive listing of all the error codes that a partner may encounter. The SPAP will be expected to correct any errors, or update any missing information on its enrollees, and re-transmit this data on the following month's file.

Error Code	Description
SP 12	Invalid HIC Number or SSN. At least one of the fields must contain alpha or numeric characters. Both fields cannot be blank or contain spaces.
SP 13	Invalid Beneficiary Surname. Field must contain alpha characters. Field cannot be blank, contain spaces or numeric characters.

Error Code	Description
SP 14	Invalid Beneficiary First Name Initial. Field must contain alpha characters. Field cannot be blank, contain spaces, numeric characters or punctuation marks.
SP 15	Invalid Beneficiary Date of Birth. Field must contain numeric characters. Field cannot be blank, contain spaces or alpha characters. Day of the month must be correct. For example, if month = 02 and date = 30, the record will reject.
SP 16	Invalid Beneficiary Sex Code. Field must contain numeric characters. Field cannot be blank, contain spaces or alpha characters. Acceptable numeric characters include the following: 1 = Male 2 = Female
SP 18	Invalid Document Control Number. Field cannot be blank. Agreeing plan must assign each record a unique number in the event questions concerning a particular record arise and need to be addressed.
SP 24	Invalid Coverage Type. Field must contain alpha characters. Field cannot be blank or contain numeric characters. Valid values are: U: Network V: Non-Network
SP 31	Invalid SPAP Coverage Effective Date. Field must contain numeric characters. Field cannot be blank, contain spaces, alpha characters or all zeros. Number of days must correspond with the particular month.
SP 32	Invalid SPAP Coverage Termination Date. Field must contain numeric characters. Date must correspond with the particular month – CCYYMMDD. For example, 02/27/1997 is acceptable, but not 02/30/1997. Cannot be earlier than the SPAP effective date. If there is no termination date (coverage is still active), must use zeros (not spaces) in this field.
SP 62	Incoming termination date is less than effective date.

Additionally, COBC will provide RX specific errors:

Error Code	Description
RX 01	Missing RX ID
RX 02	Missing RX BIN
RX 03	Missing RX Group Number
RX 04	Missing Group Policy Number
RX 05	Missing Individual Policy Number
RX 07	Missing Part D Effective date

Listed below are the disposition codes that the COB contractor may provide to each SPAP Partner in the Update File Response.

DISPOSITION CODES	DESCRIPTION
01	Record accepted by CMS System as an "Add" or a "Change" record.
SP	Transaction edit; record returned with at least one edit (specific SP edits described below).
50	Record still being processed by CMS. Internal CMS use only*; no Agreeing Partner action is required.*
51	Beneficiary is not in file on CMS System. Record will not be recycled. Beneficiary most likely not entitled to Medicare. *Agreeing Partner should re-verify beneficiary status based on information in its files.*

NOTE:

These are the standard error, edit and disposition codes used by the COBC for processing drug records, however not all codes are applicable to the SPAP data sharing partner.

SPAP Processing

1. Each month the SPAP submits an electronic input file of all enrollees to the COB contractor via an existing T-1 line or over the Internet using Secure FTP.

2. The COB contractor edits the input file for consistency, and attempts to match those enrollees with Medicare Part D entitlement.

3. Where the COB contractor determines that an enrollee on the SPAP file is a Medicare Part D beneficiary, the COB contractor updates that record to the CMS

Medicare Beneficiary Database (MBD), which holds prescription drug coverage and low-income subsidy information on all Medicare Part D beneficiaries. The MBD will send daily updates of all prescription drug coverage of Part D beneficiaries to the TrOOP facilitation contractor and to the Part D plan that the beneficiaries are enrolled in.

4. The COB contractor then submits a response file to the SPAP via the same method the input file was submitted, i.e., dedicated line or Secure FTP. This file contains a response record for each input record the SPAP submitted. The response record shows if the SPAP enrollee is a Part D beneficiary, if the COB contractor applied the record to the MBD, if the record was not applied to the MBD, and why (i.e., the record contained errors or the record did not provide enough information about the enrollee), in which Part D plan the beneficiary is enrolled, whether the beneficiary is receiving the Low Income Subsidy, and other Part D enrollment and Low Income Subsidy dates and levels.

5. The SPAP then examines the response file to determine whether: the records were applied; the COB contractor was not able to match the SPAP enrollee in the CMS systems; or the records were not applied because of errors. The SPAP must correct any records so that in future full input files the records can be applied to the MBD. Errors have to be corrected because the MBD must have accurate, up-to-date coverage information in order for the TrOOP facilitation process to work.

6. The SPAP updates its internal records on the Part D enrollment of its enrollees.

7. When the SPAP submits the next monthly full input file, it also sends corrections of all the errors from the previous submission.

Business Rules

1. The monthly file submitted by the SPAPs is a full-file-replacement file. The entire base of enrollees must be submitted each month on this file, including any corrections from the previous month's file. Each month's input file will fully replace the previous month's input file.

2. One response file will be returned to each SPAP, containing one response record for each input record received. The disposition of the input record will be provided on the corresponding response record, indicating if the record was accepted.

3. COBC will attempt to create one drug record for each SPAP enrollee record received.

4. COBC will not send incomplete drug records to MBD, and therefore, incomplete drug records will not get sent to the TrOOP facilitators.

5. Required fields for SPAP records are SSN or HICN, Surname, First Initial, Date of Birth, Sex Code, Network Indicator, SPAP Effective Date, SPAP Termination Date, Coverage Type Indicator, Insurance Type Indicator, SPAP-ID.

6. Low Income Subsidy information will be returned for all Qualified SPAP records. Qualified SPAPs are indicated by an Insurance Type of Q.

7. The non-qualified SPAP records will not receive Low-Income Subsidy information. Non-qualified SPAPs are indicated by an Insurance Type of (N, O, P, R, S).

8. If an SPAP file is received with less than 70% of the number of records sent on the previous file, the file will generate a severe error and will not be processed without confirmation from the plan. The error would appear in CHAPS the same as other VDSA severe errors and can be released for production if confirmation is received from the SPAP that the file is okay to process.

9. Responses will be returned with the enrollment and LIS information regardless of whether the information has changed since the last submission.

10. If the record cannot be matched at MBD, COBC will return a disposition of 51- not found without any enrollment or LIS data even if the record is matched on COB's database.

11. When a response file is created that has records with responses still pending from MBD those records will be returned with the enrollment and LIS information, but with a disposition code of 50.

V. SPAP Implementation Questionnaire

SPAP Implementation Questionnaire. The Implementation Questionnaire asks a series of questions to the data sharing partner that helps the CMS and the partner set up the data sharing exchange process. These questions are intended to help you think through some of the issues which need to be addressed before you begin the data exchange and to assure that both the CMS and the SPAP partner are in agreement as to the operational process involved. **SPAP partners must fill out, sign and return a copy of the Questionnaire to the CMS with their signed SPAP Data Sharing Agreement.** The Questionnaire is listed as Attachment C in the included materials that accompany the Agreement sent out to new SPAP data sharing partners.

SECTION C: WORKING WITH THE DATA

I.   Updates to the SPAP Process

As CMS works to refine and improve the SPAP process, including providing more complete LIS and enrollment information, we will provide updates of the progress made in this section of the User Guide. The following information represents the latest updates that we have on improvements to SPAP processing.

"ID" Disposition Code

Partners have seen an "ID" value in the Disposition Code field in some records of their Response file. The "ID" Disposition Code is being caused by an identification error at MBD, the system that feeds COBC.

MBD provides COBC with Part D records. Input files match against these records. But, in some cases, when COBC then tries to apply the record to MBD, MBD is not finding the beneficiary. This is happening in a very limited number of cases. Response records you might get that have an "ID" code have not yet been accepted by MBD. These response records do include whatever Medicare information COBC has received from MBD and stored for that beneficiary in its database, but without a confirmation of acceptance from MBD, the data is not yet validated. CMS and COBC staff are working to resolve this and Partners will be notified when the issue has been resolved.

Co-Pay Level ID

For a period of time, SPAP data sharing partners received Co-Pay Level ID information in Field 55 of the SPAP Response File. Field 55 contained both LIS and Deemed Co-Pay Level Id information. This was because the MBD feed to the COB contractor did not segregate LIS and Deemed Co-Pay Level ID information.

The MBD feed to the COB Contractor now contains Co-Pay Level ID information for both the LIS and Deemed categories. Due to this change in the feed, Fields 55 and 56 have been relabeled and will now pass back in these separate fields, LIS and/or Deemed Co-Pay Level ID information. Field 55 will carry LIS Co-Pay Level ID information and Field 56 will carry Deemed Co-Pay Level ID information. Please refer to the SPAP Response File layout, Fields 55 and 56 on pages 13-14, which contains the new Co-Pay Level ID fields and the values associated with each.

Partners should note that it is possible for an individual to carry both LIS and Deemed Co-Pay Level ID information. If an individual has co-pay levels assigned in both Fields 55 and 56, the Deemed Co-Pay Level ID information takes priority over the LIS Co-Pay Level Id information.

II.   Obtaining a TrOOP Facilitation RxBIN or PCN

SDP partners who offer a network benefit (electronic point-of-sale) are required to obtain a unique electronic routing number or a TrOOP Facilitation RxBIN or PCN. This unique number will identify the SDP partner's drug benefits which are supplemental to Part D. Obtaining these numbers will also support the pharmacy point-of-sale coordination system or TrOOP Facilitation. The SDP's use of a unique TrOOP Facilitation routing number will allow for the TrOOP Facilitation Contractor to capture the paid claims of payers supplemental to Part D and send a copy of this data to the Part D Plan that the covered individual is enrolled in. The Part D Plan will use the supplemental paid claims information it receives from the TrOOP Facilitation Contractor to calculate the enrollee's TrOOP. To route these claims through the TrOOP Facilitation Contractor, partners may use a separate and unique RxBIN by itself, or a unique PCN in addition to their existing RxBIN.

The organization that issues the RxBIN is the American National Standards Institute, or ANSI. ANSI can be contacted through its Web address: www.ansi.org.

The National Council for Prescription Drug Programs (NCPDP) issues the Processor Control Number, or PCN. For TrOOP Facilitation routing, you can use a new PCN or obtain and use an additional PCN in lieu of an additional RxBIN. The NCPDP can be contacted through its Web address: www.ncpdp.org.

III.   Testing the Data Exchange Process

Overview: Before transmitting its first "live" (full production) input file to CMS, the partner and CMS will thoroughly test the file transfer process. Prior to submitting its initial Input Files, the partner will submit a test initial Input File to CMS. CMS will return a test initial Response File. CMS will correct errors identified in the partner's test files. Testing will be completed when the partner adds new enrollees in test update Input Files, CMS clears these transmissions, and the partner and CMS agree all testing has been satisfactorily completed.

Details: The partner and CMS will begin testing as soon as possible, but no later than 180 days after the date the SPAP Data Sharing Agreement is in effect. The population size of a test file will not exceed 1000 records. All administrative and technical arrangements for sending and receiving test files will be made during the "Preparatory Period" (see "Terms and Conditions," Section B, of the SPAP Data Sharing Agreement).

Testing SPAP records: The test file record layouts used will be the regular SPAP record layouts. Data provided in the test files will be kept in a test environment, and will not be used to update CMS databases. Upon completion of its review of a test file, CMS will provide the partner with a response for every record found on it, usually within a week, but no longer than forty-five (45) days after receipt of the test file. After receiving the test Response File in return, the partner will take the steps necessary to correct the problems that were reported on it.

After all file transmission testing has been completed to the satisfaction of both the SPAP Data Sharing partner and CMS, the partner may begin submitting its regular production files to CMS, in accordance with the provisions of Sections C and D of the SPAP Data Sharing Agreement.

In order to test the process for creating an Update File, a test "Update" shall be prepared by the partner and include data regarding individuals identified in the Test File. The partner shall submit the test Update data within ninety (90) days after receipt of the test Response File. The Test File Update shall include any corrections made in the previous Test Response File sent to the partner by CMS. For full file replacement, any corrections made to a file will fully replace what was previously submitted by the Partner. Upon completion of its review of the test update, CMS shall provide the partner a Response for every record found on the Test Update File. CMS shall provide a Test Update Response File to the partner, within a week, but no longer than forty-five (45) days after receipt of the partner's Test Update File.

Once CMS and the SPAP partner have completed all file transmission testing to the satisfaction of both parties, the partner may begin submitting its regular production files to CMS.

IV. Using Basis for Queries

When a partner has an immediate need to access Medicare eligibility and enrollment information, BASIS – the Beneficiary Automated Status and Inquiry System – permits a partner to make on-line queries to CMS to find if it is possible that an individual is eligible for or enrolled in Medicare. Using a private, Web-based host, the SPAP data sharing partner can use BASIS to access Medicare Part D enrollment information. Access to BASIS will be unlimited for our SPAP data sharing partners until our unsolicited response enhancement is made available which is scheduled for release sometime in calendar year 2006. At that time, BASIS will be restricted to 200 queries per month. Access to BASIS is contingent on the partner having submitted its Initial Input Files and its most recent Update Files during its last quarterly production cycle.

In overview, BASIS operates as follows:

1. CMS (through its designated contractor) assigns each partner its own SPAP Personal Identification Number ("SPIN"). The SPIN delivered to the designated SPAP Contact Person within 30 days of submission of the partner's initial Input Files. At this time, the partner will also receive information concerning the designated telephone line to be used for the BASIS application.

2. CMS shall notify the partner when the BASIS application is operational and will provide detailed instructions on how to use the BASIS application.

3. The partner will dial a designated telephone line to access the BASIS application, using its assigned SPIN. For each SPAP Enrollee for whom the partner is

requesting Medicare enrollment information, the partner will enter the following data elements that identify the subject of the query:

- Social Security Number
- Last Name
- First Initial
- Date of Birth
- Sex
- HIC Number (optional)

4.   CMS will post the results of inquiry(s) to BASIS within forty-eight (48) hours after the partner submits its inquiry(s) to the BASIS application.

V. SPAP File Processing

On a monthly basis, SPAPS will transmit via NDM or secure FTP full file submissions in the file format specified in the agreement. Full file processing requires the SPAP to submit a complete file of enrollees every month. Each month's transmitted file will fully replace the previous month's file.

File Level Editing

Upon receipt of the SPAP Input File, high-level file edits are performed to verify the format and validity of the Input File. High-level editing verifies Header and Trailer data and record counts. The size of the SPAP Input File (number of records contained in the file) is compared to the size of the previous monthly file submitted. If the current file size is less then 70% of the previous months file, the file will generate a severe error, the current Input File will be placed on hold and the SPAP partner will be notified. The method for deleting enrollees in full file replacement processing is to not include enrollee files previously submitted. The SPAP partner is asked to verify the high number of delete records in the current submission.

The Input File is then processed at the record level to determine if the incoming enrollee record is an add, update, delete, or if no action will be taken. The system initially attempts to convert an SSN to a HICN if a HICN is not submitted on the input file.

Adds

Once a HICN is identified, the incoming record is compared to the database to match on previously submitted records. The initial matching criteria consist of HICN, EFFECTIVE DATE, INSURANCE TYPE, and SPAP ID. If a match of these fields cannot be located on the database, the incoming record is considered an add.

Updates

If the incoming record matches on these fields, additional fields are compared to determine if the incoming record should be considered an update. These fields include RX ID, RX GROUP, PART D PCN, PART D RXBIN, TOLL-FREE NUMBER, COVERAGE TYPE, and TERMINATION DATE. If any of these fields have changed from the previous months submission the record is considered an update.

Deletes

Any records contained on the previous month's file, not contained in the current submission are considered deleted records. You will receive a response record confirming that the record submitted and accepted by CMS on the previous month's file was deleted from CMS' system.

Deletes should only be used to remove a record that never should have been sent to CMS in the first place. Therefore, ongoing Input files should contain records of all SPAP Enrollees whose SPAP enrollment terminated up to twenty-seven (27) months prior to the first day of the month in which the Ongoing Input File is generated, or whose SPAP enrollment terminated after December 31, 2005, whichever date is most recent. Failure to continue submitting these older valid records will cause them to be erroneously deleted from the CMS database as if the records should never have been posted to begin with. Since Medicare claims filing deadlines are 15-27 months after the date of service, it is important that you continue to send the record for 27 months after the beneficiary is no longer enrolled in the SPAP. This is especially important to remember now that the one for one response has been instituted.

Errors

Records containing errors are returned to the SPAP with the error code contained in the error number field on the response record. It is expected that the SPAP will correct the error and resubmit the record on the next months file.

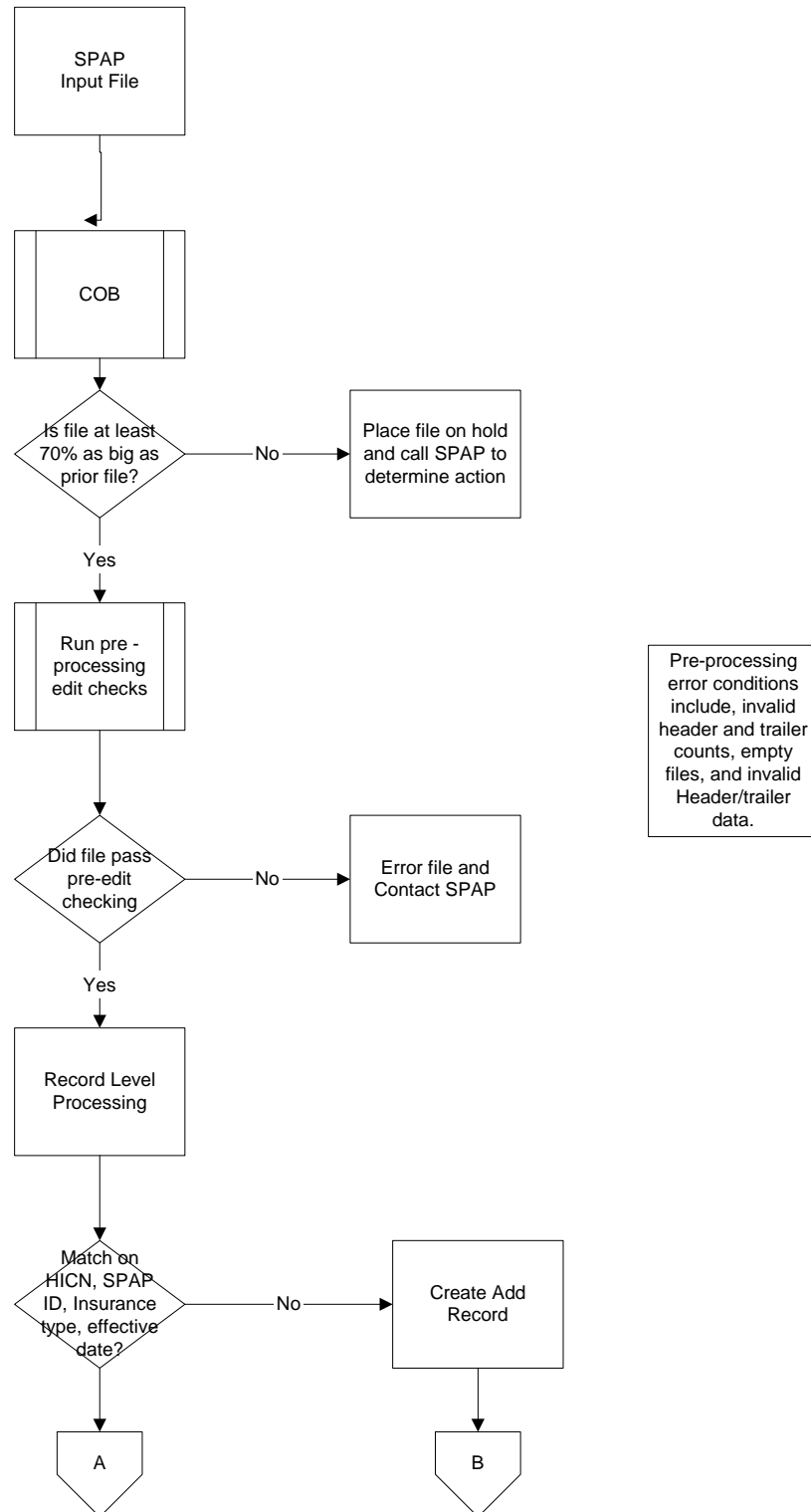**Notification to the Medicare Beneficiary Database (MBD)**

At the completion of the file process, a file is created and transmitted to MBD containing the adds, updates, and delete records generated by the COB Contractor from the Input File submitted by the SPAP. MBD returns a file to the COB Contractor containing Part D enrollment information and LIS data for qualified SPAP enrollees.

Response files
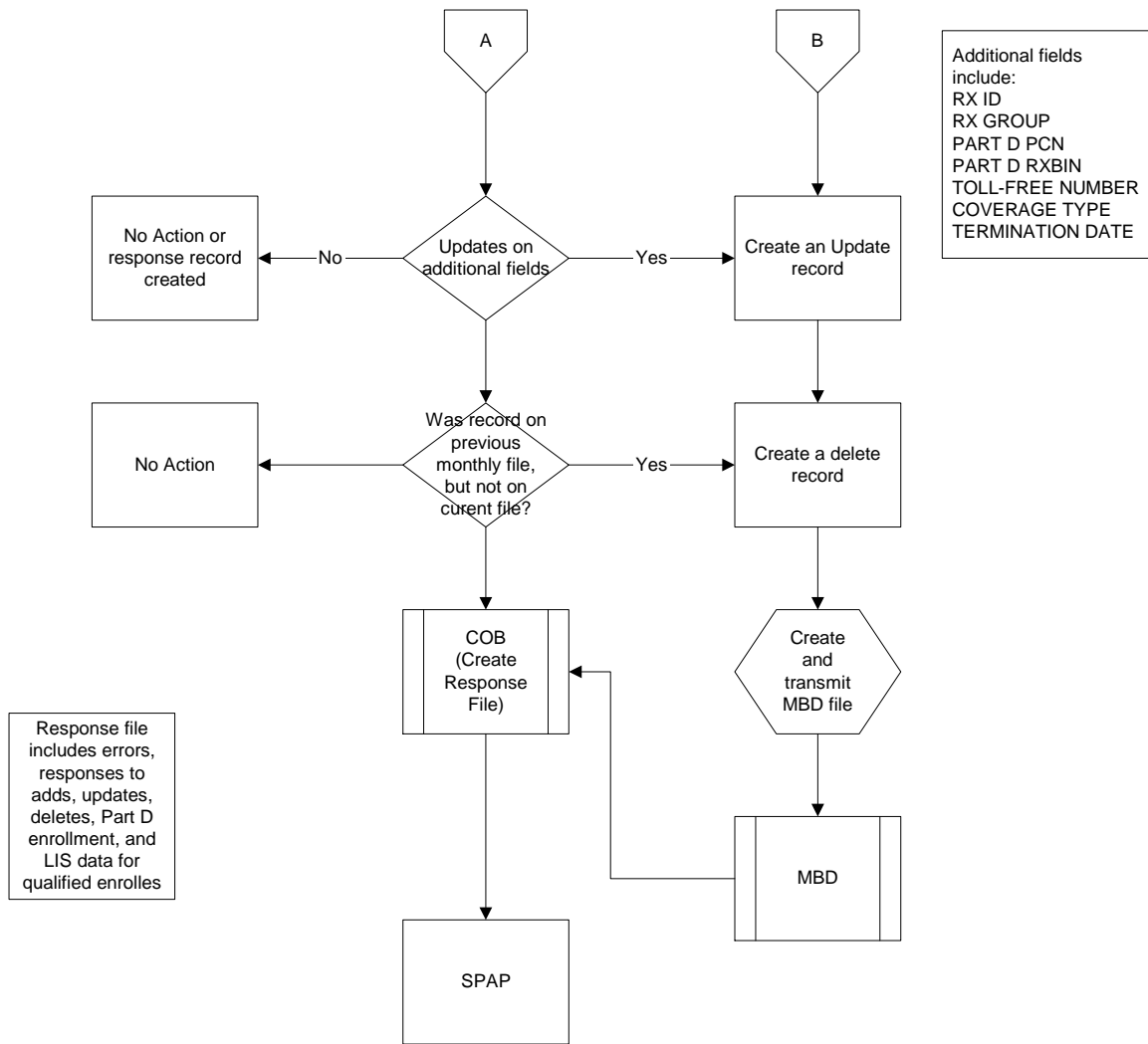
Within 15 days of the SPAP input file submission, the COB Contractor generates and transmits a response file to the SPAP containing responses for all records that were submitted as well as responses indicating which records were deleted because they were not included in the current file. The response file also contains Part D enrollment information and LIS data for qualified enrollees.

Until the one for one response was implemented, SPAPs had to change the termination dates on a record in order to generate a response. Due to the way full files are now processed, as a result of the implementation of the one for one response, the COB Contractor will now create a response record for every record submitted by the SPAP. An input record that has already been applied in a previous full file submission and is contained in the current submission unchanged will generate a response record. The SPAP will therefore receive updated Part D enrollment or LIS status regardless of whether the input record is new or changed.

SPAP Processing Flow

```
┌─────────────┐
│    SPAP     │
│ Input File  │
└─────────────┘
       │
       ▼
┌─┬─────────┬─┐
│ │   COB   │ │
└─┴─────────┴─┘
       │
       ▼
    ╱─────╲                        ┌──────────────┐
   ╱ Is file ╲                     │ Place file on hold │
  ╱ at least  ╲──── No ──────────▶ │ and call SPAP to  │
  ╲ 70% as big ╱                   │ determine action  │
   ╲ as prior ╱                    └──────────────┘
    ╲ file? ╱
       │
      Yes
       │
       ▼
┌─┬─────────┬─┐
│ │ Run pre -│ │                   ┌──────────────────┐
│ │processing│ │                   │   Pre-processing   │
│ │edit checks│ │                  │  error conditions  │
└─┴─────────┴─┘                    │  include, invalid  │
       │                           │ header and trailer │
       ▼                           │  counts, empty     │
    ╱─────╲                        │ files, and invalid │
   ╱Did file╲                      │  Header/trailer    │
  ╱ pass     ╲                      │      data.        │
 ╱ pre-edit   ╲──── No ───┐        └──────────────────┘
 ╲ checking   ╱           │
  ╲          ╱            ▼
   ╲────────╱        ┌──────────────┐
       │             │ Error file and│
      Yes            │ Contact SPAP  │
       │             └──────────────┘
       ▼
┌─────────────┐
│ Record Level│
│ Processing  │
└─────────────┘
       │
       ▼
    ╱─────╲
   ╱Match on╲                     ┌──────────────┐
  ╱ HICN, SPAP╲                   │              │
 ╱ ID, Insurance╲──── No ───────▶ │ Create Add   │
 ╲ type, effective╱               │  Record      │
  ╲   date?   ╱                   └──────────────┘
   ╲────────╱                            │
       │                                 │
       ▼                                 ▼
    ┌─────┐                          ┌─────┐
    │  A  │                          │  B  │
    └──╲ ╱┘                          └──╲ ╱┘
```

A

B

Additional fields include:
RX ID
RX GROUP
PART D PCN
PART D RXBIN
TOLL-FREE NUMBER
COVERAGE TYPE
TERMINATION DATE

No Action or response record created ◄—No— Updates on additional fields —Yes►— Create an Update record

Was record on previous monthly file, but not on current file? —Yes►— Create a delete record

No Action ◄————

COB (Create Response File)

Create and transmit MBD file

Response file includes errors, responses to adds, updates, deletes, Part D enrollment, and LIS data for qualified enrolles

MBD

SPAP

VI.   Distinction between Part D Eligibility and Enrollment Information

Some of our data sharing partners have expressed confusion regarding the difference between Part D Eligibility Start and Stop Dates and Current Part D Plan Enrollment and Termination Dates they receive on their response files. While many use these terms interchangeably, these terms have distinct meanings for the Centers for Medicare & Medicaid Services' (CMS) data exchange process. To clarify:

Part D Eligibility Start Date: Refers to the first date a beneficiary can enroll in a Part D Plan. It does not mean that the beneficiary actually has coverage, just that through their current Part A or B coverage that they can enroll in a Part D Plan.

Part D Eligibility Stop Date: Refers to the date that the beneficiary is no longer eligible to enroll and receive coverage from any Part D Plan.

Current Part D Plan Enrollment Date: Refers to a Medicare beneficiary that is eligible, has applied for and has coverage through a Part D Plan.

Current Part D Plan Termination Date: Refers to the date that beneficiary is no longer receiving benefits under the Part D Plan.

In the response files CMS sends you, the Current Part D Plan Enrollment Date provides the effective date of coverage for the Part D benefit by the specific Part D Plan listed as the Current Medicare Part D Plan Contractor Number. The Current Part D Plan Termination Date is the date that beneficiary is no longer receiving benefits under that Part D Plan. These dates are the most important for our data sharing partners because they let you know whether the beneficiary has actually elected coverage under Part D and the time period in which the Part D coverage became effective. In summary, a Medicare beneficiary can be eligible for Part D, but unless the beneficiary is enrolled in a Part D Plan, the beneficiary is not receiving Part D benefits.

VII. Contact Protocol – COBC

The following information provides SPAPs with the process to follow should they experience problems with their data files or technical aspects of the exchange process and need to communicate these issues to the COBC or CMS:

The SPAP's assigned EDI Representative should always be the first point of contact for any issues, problems, and/or questions you may have.

If you are dissatisfied with the service or if you think an issue needs to be escalated, you should contact the EDI Supervisor, William Ford at 646-458-6613 or you can email him at wford@ghimedicare.com.

If further escalation is required, you can contact the EDI Manager, Alberta Smythe at 646-458-6694 or email her at asmythe@ghimedicare.com.

The Project Director with overall responsibility for the EDI Department at the COBC is Sherri McQueen. Ms. McQueen can be reached at 646-458-6615 or via email at smcqueen@ghimedicare.com.

You can also contact any of the CMS administrative contacts listed in the SPAP Data Sharing Agreement if you feel that the issues you are experiencing are ones that CMS should also be aware of.

SECTION D: QUESTIONS AND ANSWERS

SPAP DATA SHARING AGREEMENT

FREQUENTLY ASKED QUESTIONS

TABLE OF CONTENTS

General Questions

Q1:   Will we receive other coverage information for SPAP enrollees not enrolled in a Medicare Part D Plan?

A1:   **The CMS, through the COB Contractor, will provide a response back to you indicating which SPAP Enrollees are Medicare Part D enrolled and /or have been approved for the LIS. The CMS can not pass the COB information to an SPAP regarding other payers.**

Q2:   Will we receive LIS information for people who have not yet selected a plan?

A2:   **Yes, you will receive LIS information regarding those individuals who qualify, however, the CMS will not have Part D enrollment information until the individual enrolls him/herself or is auto enrolled into the program**

Q3:   What are considered CMS' acceptable methods for transmitting data when conducting the SPAP data exchange process?

A3:   **If you have a dedicated line or are affiliated with a State Medicaid Agency that has a dedicated AGNS T-1 line to the CMS, the SPAP can make submissions to the CMS using this line. If you do not have a dedicated line you will need to contact one of our resellers to obtain a dedicated or dial-up access line to the managed AGNS VAN.**

Another option is submitting files over the Internet, or secure File Transfer Protocol (FTP). CMS will utilize Sterling Commerce's Gentran Integration

Suite 40. B2B for Multi-Enterprise Collaboration (GIS B2B Suite), via the internet or an existing T-1 line. CMS has experience with the Sterling Connect:Enterprise Secure Client. You may use other clients as long as they have SSH version 2. For more information about the Sterling product visit their website at:
http://www.releasesoftware.com/_sterlingcommercesoftwareshop/cgi-bin/go.cgi/webstore/category?category=Connect%3AEnterprise

Files may also be transferred on CDs, although physical media is our last choice for data exchanges. It presents security risks that are avoided with electronic submissions over a T-1 line or Secure FTP. If this method is the most practical, you may work with the EDI representative assigned to you once implementation begins.

Current SPAP partners receive more detailed information regarding connectivity once implementation of the process begins and an agreement has been signed.

Q4:   When will an SPAP ID be assigned?

A4:   **The SPAP ID will be assigned once the COB Contractor has received confirmation from CMS that a SPAP Data Sharing Agreement has been executed by CMS and the SPAP.**

Q5.   Is there a possibility of overlapping enrollment and/or multiple PDP information on a beneficiary?

A5:   **CMS will not send multiple records on a beneficiary. States will only receive one record that will contain the most recent information for that beneficiary. If a beneficiary starts out with one PDP at the beginning of the month, then changes PDP mid-month, CMS will send the most recent PDP.**

Q6:   Will the data transfer via CMS (AGNS T-1 line) be passed through without any "parking" at CMS so that it does not interfere with the timeliness of the monthly transmissions to COBC?

A6:   **The data transfer will be a pass-through.**

Q7:   The COBC SPAP data exchange is a monthly process. What is the schedule for this process? Will the data exchange happen at the beginning, middle or end of month?

A7:   **Receipt of the file depends upon when the agreement is signed. Each state will not have the same schedule. The COB Contractor will work with each SPAP partner during the Preparatory Period to set up a reporting/data production schedule.**

Q8:   Why is it necessary for the SPAP to send records on beneficiaries for up to 27 months after eligibility has been terminated in the SPAP?

A8:   **If a record is sent one month, but not the next, the COBC will delete the record as if it was never posted to begin with. Medicare claims filing time limits allow claims to be filed up to 27 months after the date of service. It is important that other payer data remain on CMS' systems for up to 27 months after that other payer coverage ends so that, in the event a claim is filed after the date of service, Medicare and other payers can make the proper payment determination when the claim is processed.**

Q9:   In our state we have two SPAPs, one that has about 7,200 clients while the other has fewer than 600 clients. For the sake of minimizing paperwork and maximizing efficiency, can we combine these two programs for the purposes of the SPAP-CMS data sharing agreement?

A9:   **Yes, you could combine the two programs for the purposes minimizing paperwork when it comes to the actual agreement. For the actual data exchange, however, we may need to assign you two different SPAP IDs, so that the Part D Plan can differentiate between the two programs if it needs to. We can take the files from the same source, but they would be separated with unique headers and trailers.**

Q10:   With regard to the Administrative and Technical contacts needed for the SPAP-CMS data exchange, must either or both of these contacts be "State" staff or may they be "Contractor" staff?

A10:   **The State can designate whomever they want as the administrative and technical contacts, including contractor staff, but only duly authorized representative of the State can sign the actual SPAP Data Sharing Agreement.**

Q11:   What are the requirements that must be met in order to successfully complete the SPAP data sharing exchange testing process?

A11:   **At a minimum CMS requires the SPAP partner to be able to (1) submit an initial test Input File that can be processed to the satisfaction of the COB contractor, receive and process a test Response file from the COB Contractor and (3) be able to submit a test update file to the COB contractor. The COB contractor has been delegated the authority to determine whether or not the SPAP partner has successfully completed the testing process to the satisfaction of CMS.**

Data Elements

Q1:   When the SPAP submits the next monthly full input file, it also sends the corrections of all the errors from the previous submission. Are we sending the full file (all SPAP eligible enrollees)?

A1:   **Yes, you would send a full file.**

Q2:   Should we exclude previously matched records?

A2:   **No, you should <u>include</u> previously matched records or the previously submitted records will be deleted from CMS's system. If a record is sent one month, but not the next, the COBC will delete the record as if it was never posted to begin with. Medicare claims filing time limits allow claims to be filed up to 27 months after the date of service. It is important that other payer data remain on CMS' systems for up to 27 months after that other payer coverage ends so that, in the event a claim is filed after the date of service, Medicare and other payers can make the proper payment determination when the claim is processed. The only previously matched records that should not be included are ones you sent in error and that you want deleted from CMS' system.**

Q3:   Are "errors" just data discrepancies (ex: mismatched SSN)?

A3:   **Errors can include data that is defective or contains an invalid value such as an alpha character in a field requiring a numeric date or the error could be due to a programming error. Either way, the Response will indicate the error using the CMS' standard error codes.**

Q4:   Will we be receiving Medicare Part D enrollment information only or will we be receiving information on all the other prescription coverage carried by the enrollee?

A4:   **Through the data exchange process you will be receiving Medicare Part D enrollment information for your submitted SPAP Enrollees.**

Q5:   What field is identifying Medicare D enrollment?

A5:   **The Current Medicare Part D Plan Effective Date (field 46 in the SPAP Response File Layout for Part D) identifies Medicare Part D enrollment information.**

Q6:   What field is identifying the Medicare D insurer?

A6:   **The Current Part D Plan Contractor Number (field 45 in the SPAP Response File Layout for Part D) is the field that will identify the particular Part D plan that the beneficiary is enrolled in.**

Q7:   If other additional other insurer information is being sent, what field will identify it, identify the insurer?

A7:   **Through the SPAP data exchange you will only receive Medicare Part D enrollment information on the Covered Individuals that you submit and for whom the COB contractor finds a match as well as LIS information if applicable for that particular beneficiary. This data exchange is not used to provide you with other insurer information; we can only provide an SPAP with Medicare Part D enrollment data.**

Q8:   We currently do not mandate collection of an SSN from the participant, although most of our participants have a SSN. In the cases where we do not have a SSN, do we send the information we have with the input file? If so, do we zero fill the information or leave it blank?

A8:   **The SSN or the Health Insurance Claim Number (HICN) is our primary identifier for performing a match of the individuals that you submitted to determine their Medicare entitlement information. If you do not have either one of these numbers, you should not submit the record because we cannot perform our matching process without it. Generally, however if you do not have information and it is not essential to finding a match such as the SSN or HICN, you should zero-fill that field.**

Q9:   Is the Part D RxBIN and PCN the information that is identifying the Part D carrier or is it being used to identify other insurance as well?

A9:   **No, this information does not identify the Part D carrier. The Current Medicare Part D Plan Contractor Number (field 45 of the SPAP Response File Layout for Part D) specifically identifies the particular plan that a beneficiary is enrolled in.   The Part D PCN and Part D RxBIN are numbers used to electronically route network pharmacy benefit information. While an SPAP might already have an RxBIN to electronically pay network claims, the Part D specific BINs are necessary to support the TrOOP Facilitation process.   These numbers will be used as the primary means of capturing claims paid secondary to Part D.**

Q10:   What does network refer to? Is it the coverage type? What determines a person to have network coverage (PPO v. HMO).

A10:   **Network coverage refers to the electronic routing of prescription drug claims at the point-of-sale.**

Q11: What does the disposition code identify? Is this simply a "Yes or No" indication of coverage on the MBD?

A11: **The disposition code lets you know what action the COB Contractor has taken regarding the submitted record. For instance, if the record is not found, the COB Contractor will provide the data sharing partner with a disposition code that indicates that the record provided was not found. Additionally if a record is not applied due to errors, the disposition code provides you with this information.**

Q12: In the latest file specifications you've added the Plan Benefit Package (which we understand will be available in December). Is the 3 byte PBP code unique without considering the PDP? Also, we have determined that, we will need the PBP enrollment start and end dates. We request that this information be added to the CMS-SPAP data exchange Response file.

A12: **CMS confirmed the PBP information will be available in December. There is no logic to the PBP number and it cannot be used alone as an identifier. It must be used in conjunction with the PDP's contractor number. There will not be a start and stop date for the PBP. If the PBP changes, states will receive the new PBP number, with the same PDP number. The PDP date will not change. States can note the PBP number changed and input a new PBP start date. The CMS will consider adding the PBP enrollment start and end dates for possible implementation six (6) months down the road.**

Q13: Are PDP's eligible for NPlanID?

A13: **The NPlanID field is there as a place-holder (for future use). All payers of health care coverage, including Medicare HMOs and Part D Plans will be assigned an NPlanID when it is implemented.**

Q14: Will either the COBC SPAP or MMA response files contain retroactive eligibility/enrollment for a beneficiary?

A14: **Yes. An individual may be eligible for GAPS beginning 05/01/06, but the Part D Plan enrollment date is 01/01/06.**

Q15: What is the SPAP ID?

A15: **The SPAP ID number is the number assigned by the COB Contractor which identifies that particular SPAP.**

Q16: The data layout indicates space for 4 Rx error codes, yet the user guide lists 7 Rx error codes and several error codes starting with SP?

A16: **The file has space for only 4 error codes. These fields may contain either the SP or the RX error code. CMS does not anticipate a state having more than 4 error codes for an individual.**

Q17: Will you provide BASIS screen prototypes in the near future?

A17: **BASIS implementation information is provided after the partner has signed the Agreement and implementation has begun.**

Q18: Is the new BIN/PCN for our Medicare Part D claims payments the BIN/PCN that we will always be sending in the monthly input? In what circumstances would we not know what the correct BIN/PCN would be? Would your system ever correct the BIN/PCN and send the new bin back to us?

A18: **We only need the Part D specific BIN and or PCN in order to pass them on to the Part D Plan and TrOOP facilitator. Because you will not necessarily know which enrollees are beneficiaries, we are asking you to populate the BIN and PCN fields with the Part D specific BIN and or PCN that would apply to that individual if they were a Part D beneficiary. You have to tell us what the BIN/PCN is for your Part D population.**

Q19: Are we to send all of the SPAP enrollees in the input file (include non-Medicare), or only those who have told us that they have Medicare and therefore are eligible for a Part D plans?

A19: **We do not expect you to know about all of your enrollees that are Part D beneficiaries. Essentially the file you send us is a finder file. You send all of your enrollees and we respond with a file indicating those we matched on and applied; matched on but didn't apply because of errors in the file; or did not match on and therefore are not beneficiaries.**

Q20: Is there any indictor on the response file that tells us if a person is ineligible for Part D and a reason? I know that there are various reasons for being ineligible. There would be some that do not have Med A or B but there would also be those whose employers accepted the subsidy and they cannot enroll. How would we determine this?

A20: **This is not something that the CMS is able to provide at this time. That information is something you will likely have to develop for with your enrollees.**

Q21: If the Co-Pay Level ID value changes, will the Co-Pay Effective date be updated also?

A21: **Yes, the Co-Pay Effective date will be updated if the Co-Pay Level ID changes.**

Q22: If the Co-Pay Level ID changes, will an SPAP partner receive 2 records (one record with an end date on the old level value and one with the new level and effective date)?

A22: **No, you will receive the current record with the new level and effective date.**

Q23: What is the difference between Contract Number and Plan Benefit Package (PBP) Number?

A23: **The Contract Number identifies the Part D plan the beneficiary is enrolled in. The PBP identifies which benefit package within that plan the beneficiary is enrolled in.**

Q24: What does EEVS stand for under value 12 of the Current Deemed Reason Code?

A24: **EEVS stands for Enrollment and Eligibility Verification System. This code is assigned to cases deemed from March 2005 data with no later state MMA file submissions**. **If a beneficiary is identified as deemed based on code 12, they would be deemed for calendar year 2006 as a full dual.**